* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the Philipset Number Previously Paid For" IN THS SPACE is less than 20, enter "20."

**The Philipset Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

XB8= X43= OR +145= +290-OR ADDIT. FEE

Office U.S. DEPARTMENT OF COMMERCE

FORM PTO-675 Star. 1003

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